

County: Grant

Facility ID: 5110

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LANCASTER CARE CENTER
1350 S MADISON ST

LANCASTER 53813 Phone:(608) 723-4143

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 70

Total Licensed Bed Capacity (12/31/04): 70

Number of Residents on 12/31/04: 63

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 60

Limited Liability Company

Skilled

No

Yes

Yes

60

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/04) | | | | Length of Stay (12/31/04) | | % | |
|--|-----|--|-------|------------|-------|---------------------------------|--|-------|--|
| | | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 36.5 | |
| Home Health Care | No | Developmental Disabilities | 0.0 | Under 65 | 1.6 | 1 - 4 Years | | 36.5 | |
| Supp. Home Care-Personal Care | No | Mental Illness (Org./Psy) | 7.9 | 65 - 74 | 6.3 | More Than 4 Years | | 27.0 | |
| Supp. Home Care-Household Services | No | Mental Illness (Other) | 1.6 | 75 - 84 | 36.5 | | | 100.0 | |
| Day Services | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 42.9 | ***** | | | |
| Respite Care | Yes | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 12.7 | Full-Time Equivalent | | | |
| Adult Day Care | No | Cancer | 0.0 | | | Nursing Staff per 100 Residents | | | |
| Adult Day Health Care | No | Fractures | 4.8 | | 100.0 | (12/31/04) | | | |
| Congregate Meals | No | Cardiovascular | 31.7 | 65 & Over | 98.4 | | | | |
| Home Delivered Meals | No | Cerebrovascular | 1.6 | | | RNs | | 6.1 | |
| Other Meals | No | Diabetes | 22.2 | Gender | % | LPNs | | 10.4 | |
| Transportation | No | Respiratory | 1.6 | | | Nursing Assistants, | | | |
| Referral Service | Yes | Other Medical Conditions | 28.6 | Male | 23.8 | Aides, & Orderlies | | | |
| Other Services | No | | | Female | 76.2 | | | | |
| Provide Day Programming for Mentally Ill | No | | | | | | | | |
| Provide Day Programming for Developmentally Disabled | No | | 100.0 | | 100.0 | | | | |

Method of Reimbursement

| Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | | Private Pay | | | Family Care | | Managed Care | | | | | | |
|------------------------|-----|-------|------------------------|-----|-------|---------------------|-----|-----|---------------------|-----|-------|---------------------|-----|-----------------|---------------------|-----|-----|---------------------|-------------------------|----------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | Total Resi- dents | % Of All |
| Int. Skilled Care | 0 | 0.0 | 0 | 2 | 4.9 | 127 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 3.2 |
| Skilled Care | 6 | 100.0 | 324 | 39 | 95.1 | 110 | 0 | 0.0 | 0 | 16 | 100.0 | 140 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 61 | 96.8 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 6 | 100.0 | | 41 | 100.0 | | 0 | 0.0 | | 16 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 63 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|--------------------|---------------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04 | | | | |
| | | ----- | | | ----- | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total |
| | | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Number of Residents |
| Private Home/No Home Health | 21.5 | Bathing | 1.6 | 47.6 | 50.8 | 63 |
| Private Home/With Home Health | 0.0 | Dressing | 6.3 | 92.1 | 1.6 | 63 |
| Other Nursing Homes | 1.3 | Transferring | 31.7 | 55.6 | 12.7 | 63 |
| Acute Care Hospitals | 75.9 | Toilet Use | 27.0 | 61.9 | 11.1 | 63 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Eating | 42.9 | 55.6 | 1.6 | 63 |
| Rehabilitation Hospitals | 0.0 | ***** | | | | |
| Other Locations | 1.3 | Continence | | % | Special Treatments | % |
| Total Number of Admissions | 79 | Indwelling Or External Catheter | 6.3 | Receiving Respiratory Care | | 6.3 |
| Percent Discharges To: | | Occ/Freq. Incontinent of Bladder | 42.9 | Receiving Tracheostomy Care | | 0.0 |
| Private Home/No Home Health | 0.0 | Occ/Freq. Incontinent of Bowel | 27.0 | Receiving Suctioning | | 0.0 |
| Private Home/With Home Health | 45.3 | | | Receiving Ostomy Care | | 3.2 |
| Other Nursing Homes | 1.3 | Mobility | | Receiving Tube Feeding | | 0.0 |
| Acute Care Hospitals | 13.3 | Physically Restrained | 3.2 | Receiving Mechanically Altered Diets | | 28.6 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | | | Other Resident Characteristics | | |
| Rehabilitation Hospitals | 1.3 | Skin Care | | Have Advance Directives | | 82.5 |
| Other Locations | 4.0 | With Pressure Sores | 7.9 | Medications | | |
| Deaths | 34.7 | With Rashes | 9.5 | Receiving Psychoactive Drugs | | 73.0 |
| Total Number of Discharges (Including Deaths) | 75 | | | | | |

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|-----------------|-------------------------------------|-------|------------------------------|-------|---------------------------------|-------|------------------|-------|
| | This Facility % | Ownership: Proprietary Peer Group % | Ratio | Bed Size: 50-99 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 85.7 | 84.2 | 1.02 | 88.5 | 0.97 | 87.7 | 0.98 | 88.8 | 0.97 |
| Current Residents from In-County | 95.2 | 76.9 | 1.24 | 72.5 | 1.31 | 70.1 | 1.36 | 77.4 | 1.23 |
| Admissions from In-County, Still Residing | 27.8 | 19.0 | 1.46 | 19.6 | 1.42 | 21.3 | 1.31 | 19.4 | 1.44 |
| Admissions/Average Daily Census | 131.7 | 161.6 | 0.81 | 144.1 | 0.91 | 116.7 | 1.13 | 146.5 | 0.90 |
| Discharges/Average Daily Census | 125.0 | 161.5 | 0.77 | 142.5 | 0.88 | 117.9 | 1.06 | 148.0 | 0.84 |
| Discharges To Private Residence/Average Daily Census | 56.7 | 70.9 | 0.80 | 59.0 | 0.96 | 49.0 | 1.16 | 66.9 | 0.85 |
| Residents Receiving Skilled Care | 100 | 95.5 | 1.05 | 95.0 | 1.05 | 93.5 | 1.07 | 89.9 | 1.11 |
| Residents Aged 65 and Older | 98.4 | 93.5 | 1.05 | 94.5 | 1.04 | 92.7 | 1.06 | 87.9 | 1.12 |
| Title 19 (Medicaid) Funded Residents | 65.1 | 65.3 | 1.00 | 66.3 | 0.98 | 68.9 | 0.94 | 66.1 | 0.99 |
| Private Pay Funded Residents | 25.4 | 18.2 | 1.40 | 20.8 | 1.22 | 19.5 | 1.30 | 20.6 | 1.24 |
| Developmentally Disabled Residents | 0.0 | 0.5 | 0.00 | 0.4 | 0.00 | 0.5 | 0.00 | 6.0 | 0.00 |
| Mentally Ill Residents | 9.5 | 28.5 | 0.33 | 32.3 | 0.29 | 36.0 | 0.26 | 33.6 | 0.28 |
| General Medical Service Residents | 28.6 | 28.9 | 0.99 | 25.9 | 1.10 | 25.3 | 1.13 | 21.1 | 1.36 |
| Impaired ADL (Mean) | 47.3 | 48.8 | 0.97 | 49.7 | 0.95 | 48.1 | 0.98 | 49.4 | 0.96 |
| Psychological Problems | 73.0 | 59.8 | 1.22 | 60.4 | 1.21 | 61.7 | 1.18 | 57.7 | 1.27 |
| Nursing Care Required (Mean) | 6.9 | 6.5 | 1.07 | 6.5 | 1.07 | 7.2 | 0.96 | 7.4 | 0.93 |